

Configuration Name: \_\_\_\_\_

**INSTRUCTIONS**

**Summary Sheet of Proposed Configuration**

Instructions – Authors with Assistance of Facilitator Complete *FORM 1* for Each Proposed Configuration. **Bold items required.**

*For all of the forms with the Instructions of “Authors with Assistance of Facilitator Complete . . .” should be completed at the Workshop. The form can be filled in by the Authors or filled in by the Facilitator based on the information provided by the Authors, whichever the Authors prefer. If filled in by the Authors, the Facilitator will review for legibility, understandability, and completeness. If filled in by the Facilitators, Authors should review for accurate representation of their Configuration.*

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**Configuration Name:**

\_\_Performance\_\_\_\_\_

*Assist Authors of Proposed Configuration with Establishing a Unique and Descriptive Name of the Proposed Configuration. This Name will be used for all future presentations and documentation to describe that Proposed Configuration*

Authors of Configuration: \_\_Tom Van Lent, Paul Gray, Mark Oncavage, Cynthia Plockelman, Maggy Hurchalla, Joanne Davis, Lisa Interlandi, Jennifer Nelson, Karl Wickstrom\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*List the Name of Every Individual that created and contributed to this Configuration during the exercise*

Spokesperson Name and Contact Info: \_\_Tom Van Lent  
305/251-0001x230\_\_\_\_\_

*The Authors need to select a Spokesperson for the Configuration who will present the Configuration at the second day of the Workshop and who will be the point of contact for the Facilitator during the Evaluation phase. Need name, email address, and phone number.*

**Facilitator Name and Contact Info:** \_\_Susan Gray, x6919; David Unsell,  
x6888\_\_\_\_\_

*Name, email address, and phone number of District Facilitator who will be the point of contact with the Spokesperson and the Evaluation Team.*

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[illegible]

FORM 1, Page 2 of 5

FORM 1

Configuration Name: \_\_\_\_\_

centered on US 27/SR80 crossing and mill locations and would avoid all populated areas. Perceived options for storage location: 1) between NNR and Miami Canal; 2) straddling Miami Canal; 3) west side of Miami Canal. Use Talisman property for STA. If constraints were relaxed (estuaries 90%, lake 80%, everglades 85%) what are reductions in benefits (lay terms) and costs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Complete only if the Authors have a specific PM / I that they want to make certain is met by this configuration. An Example – LO - Below Stage Envelope performance of 50% or better. Use the list of PM / I in the Facilitator's Packet as needed. Also, if specific questions or need clarifications, flag down Cal Neidrauer and Walter Wilcox. If nothing provided, the Proposed Configuration will be evaluated to optimize all PM /I as best as possible.*

Anticipated Benefits of Proposed Configuration Not Evaluated by RESOPs (examples – ecologic or economic benefits):

\_FRESP. How or if water supply to coastal wellfields is affected if 100,000 acres of sugar cane is removed from production. Is flood protection of local communities or adjacent agriculture affected.

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*List any additional benefits anticipated from the Proposed Configuration by the Authors that RESOPs can not evaluate (Benefits not listed as a PM / I). These benefits may be ecological, economical, etc.*

Proposed Configuration Estimated Cost in 2009 Dollars

(unless otherwise specified, includes real estate, ecological remediation, design, construction, engineering during construction, construction management, and contingency costs):

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FORM 1

Configuration Name: \_\_\_\_\_

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*If they have a cost estimate, please ask them to provide. If the cost estimate obtained during the evaluation phase is significantly different, we can contact the Spokesperson and attempt to clarify. Verify if the estimate provided includes all of the items listed about. If not, list which items the estimate does include. If they do not have an estimate, that is okay.*

Overall Operational Assumptions for RESOPs to be Utilized During Evaluation of Configuration:

\_\_\_Pumps where needed. Conveyance and storage facilities that do not impact flood protection or water supply. Maintain minimum flows to estuaries. \_\_\_\_\_

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*List anything specifically the Authors want relative to the operation of the configuration not listed elsewhere on FORM 1. Examples might be a specific Lake Okeechobee Regulation Schedule, specific high and low levels for Lake Okeechobee, only gravity flow from Lake Okeechobee, the ability or no ability to divert water from Lake Okeechobee to the north, storage component can never go dry, only a specified flow target for the Everglades, STAs can go dry or must always have water, no harmful discharges to estuaries, etc. Specifying any of these types of conditions may limit the benefits the configuration would achieve based on RESOPs instead of RESOPs optimizing the operating parameters as best as possible.*

Key Elements Not Mentioned Elsewhere:

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FORM 1

Configuration Name: \_\_\_\_\_

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*List the main aspects that are the biggest concern to the Authors that have not been mentioned elsewhere on this FORM 1. Examples might be gravity flow from Lake Okeechobee, no storage over 4 feet deep, a shallow flowway that conveys and treats water, all construction located west of the Miami Canal, no deep storage, no ASRs, etc. These items you might pick up during the course of the 2-day Workshop.*

**INSTRUCTIONS**  
**Summary Sheet of Components**  
**For Proposed Configuration**

Instructions – Authors with Assistance of Facilitator Complete *FORM 2* for Each Proposed Configuration. **Bold items required.**

*It may be easier to complete this form after the Authors have drawn an initial configuration on a map.*

=====  
**Configuration Name (from *FORM 1*):**

Performance\_\_\_\_\_

=====  
**Provide Name and Circle Primary Function(s) of Each Component of Proposed Configuration (a component can have more than one primary function):**

- |   |                                  |
|---|----------------------------------|
| 1. North Reservoir, Indian Prairie, 200K ac-ft_____ | Storage /                        |
| 2. South Reservoir, 1.2M ac-ft _____                | Storage /                        |
| 3. Talisman STA, 34K acres_____                     | Treatment                        |
| 4. _____  | Storage / Treatment / Conveyance |
| 5. _____  | Storage / Treatment / Conveyance |
| 6. _____  | Storage / Treatment / Conveyance |
| 7. _____  | Storage / Treatment / Conveyance |
| 8. _____  | Storage / Treatment / Conveyance |
| 9. _____  | Storage / Treatment / Conveyance |
| 10. _____   | Storage / Treatment / Conveyance |
| 11. _____   | Storage / Treatment / Conveyance |
| 12. _____   | Storage / Treatment / Conveyance |

*Establish a Unique and Descriptive Name for each component within the proposed configuration. This name and the corresponding number will be used throughout the evaluation phase for this Configuration. The primary function of a component is based on the desires of the Authors. Typically, a reservoir stores water although it may provide some treatment – a reservoir typically is just considered a storage component. Similarly, a Stormwater Treatment Area is considered a treatment component although it does provide some storage. However, a flowway may be considered a storage, treatment, and conveyance feature and the Authors want all three functions to be primary functions. Also, ask the Authors to add these component numbers to the map they are drawing on to assist in verifying the location of each component.*

*A separate FORM 3 will be completed for EACH Storage Component listed above. A separate FORM 4 will be completed for EACH Treatment Component*

FORM 2

Configuration Name: Performance

*listed above. A separate FORM 5 will be completed for EACH Conveyance Component listed above. If a component is both Storage and Treatment, complete FORM 3 first and provide any missing information in Form 4. Similarly, if a component is both Treatment and Conveyance, complete FORM 4 first and provide any missing information in Form 5. If a component is both Storage and Conveyance, complete FORM 3 first and provide any missing information in Form 5. And Lastly, If a component is Storage, Treatment, and Conveyance, complete FORM 3 first, then provide any missing information in Form 4, and any remaining missing information in Form 5.*

**General Description of How Water Flows Through the Proposed Configuration:** North to South\_\_\_\_\_

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*The Authors should be able to generally describe how the water gets from the originating water source (for example, Lake Okeechobee) to the final destination of the water. As much as possible, the Authors should utilize the names of the components specified above and all of those specified components should be included in the description. If they do not have specific conveyance components defined, then the Evaluation Team will include the proper conveyance to follow the path they have described. For example, the description above may be "Water flows from Lake Okeechobee down the North New Miami River Canal, to Component No. 1 Flowway, discharges to a canal, enters Component No. 2 Stormwater Treatment Area, discharges into the Everglades." Or "Water flows from Kissimmee River to Component No. 3 Reservoir and to Lake Okeechobee." Then, the Evaluation team will add the conveyance components that fit the requirements of the other information provided by the Authors to insure the Configuration is functionally viable.*

Configuration Name: \_\_\_\_\_

***INSTRUCTIONS***  
**Summary Sheet of a Storage Component  
For Proposed Configuration**

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 3* for Each Storage Component Included in the Proposed Configuration.  
**Bold items required.**

*Note – One of these forms is completed for **EACH** Storage Component as identified on FORM 2. This FORM 3 is to capture any additional specific information about the Storage Component not already provided in FORM 1 and FORM 2.*

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**Configuration Name (from *FORM 1*):** Performance Group \_\_\_\_\_

\_\_\_\_\_

**Component Number and Name (from *FORM 2*):** 1, Indian Prairie Reservoir \_\_\_\_\_

\_\_\_\_\_

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**General Description of Storage Component:** Reservoir with 200K ac-ft capacity. \_\_\_\_\_

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*Encourage the Authors to be descriptive about the features of the component that matters most to them.*

**Type of Storage:**

\_\_\_\_\_X\_\_\_\_\_ Deep \_\_\_\_\_ Shallow \_\_\_\_\_ Dispersed

\_\_\_\_\_ Storage Below Ground Elevation \_\_\_X\_\_\_ Storage Above Ground Elevation

*Deep Storage is generally over 4 feet water depth. Shallow Storage is generally less than 4 feet water depth. Dispersed Storage is generally water in wetlands, over natural lands, or flooded ranchlands.*

*Storage Below Ground Elevation is water level below surrounding ground surface such as a lake or in-ground reservoir. Storage Above Ground Elevation is water level above surrounding ground surface such as a reservoir. It is possible for a component to have both Below and Above Ground Storage such as a reservoir*



FORM 3

Configuration Name: \_\_\_\_\_

*excavated 4 feet below surrounding ground surface and water is able to be stored up to 6 feet above ground surface.*

Check Most Important Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

☒ Volume – Provide volume required in ac-ft 200,000 \_\_\_\_\_  
(Facilitator will convert information to ac-ft as necessary)

\_\_\_\_\_ Water Depth – Provide depth in feet \_\_\_\_\_

\_\_\_\_\_ Total Acres of Land – Provide acreage \_\_\_\_\_  
(Facilitator will include acreage for component infrastructure as necessary)

\_\_\_\_\_ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)  
PM / I: \_\_\_\_\_ Percentage \_\_\_\_\_

Additional PM / I Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Cost – Provide maximum allowed cost \_\_\_\_\_

*Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have 1 million ac-ft of storage, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.*

General Component Location:

(provide details on the required location of the component in addition to the information drawn on the map, examples –

- anywhere north of Lake Okeechobee
- only on US Sugar Lands west of L-19 Canal
- any lands between L-19 Canal and New Miami River Canal)

List Counties: Likely to be in Glades County, needs to be in Indian Prairie region.

Description: Should be consistent with Lake Okeechobee Watershed Project.

Location influenced by land availability, cost and willing sellers.

\_\_\_\_\_  
\_\_\_\_\_

FORM 3

Configuration Name: \_\_\_\_\_

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*Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.*

General Description of Storage Component Operations:

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*If the Authors envision this component to be operated a certain way, this is where they need to describe that operation. For example, "water elevation would always be above 2 feet so that it never goes dry and does not create ponding and traps wildlife in isolated pools".*

Check Most Important Operational Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

\_\_\_\_\_ Inflow Capacity – Provide inflow in cubic feet per second \_\_\_\_\_  
(Facilitator will convert information to cfs as necessary)

\_\_\_\_\_ Inflow Type – Select \_\_\_\_\_ Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Both

\_\_\_\_\_ Outflow Type – Select \_\_\_\_\_ Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Both

\_\_\_\_\_ Ability To Go Dry – Select \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

\_\_\_\_\_ Internal Cells – Select \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

If yes, how many cells? \_\_\_\_\_ Cells \_\_\_\_\_ Leave up to optimization

FORM 3

Configuration Name: \_\_\_\_\_

*Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have only gravity inflow, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.*

Configuration Name: \_\_\_\_\_

**INSTRUCTIONS**

**Summary Sheet of a Storage Component  
For Proposed Configuration**

Instructions – Authors with Assistance from Facilitator Complete a Separate FORM 3 for Each Storage Component Included in the Proposed Configuration.  
**Bold items required.**

*Note – One of these forms is completed for EACH Storage Component as identified on FORM 2. This FORM 3 is to capture any additional specific information about the Storage Component not already provided in FORM 1 and FORM 2.*

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**Configuration Name (from FORM 1):** Performance\_\_\_\_\_

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**Component Number and Name (from FORM 2):** Component 2, South Reservoir

\_\_\_\_\_

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**General Description of Storage Component:** Reservoir to provide 1.2M ac ft of storage.

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*Encourage the Authors to be descriptive about the features of the component that matters most to them.*

**Type of Storage:**

\_\_\_\_x\_\_\_\_ Deep \_\_\_\_\_ Shallow \_\_\_\_\_ Dispersed

\_\_\_\_ Storage Below Ground Elevation \_\_x\_\_ Storage Above Ground Elevation

*Deep Storage is generally over 4 feet water depth. Shallow Storage is generally less than 4 feet water depth. Dispersed Storage is generally water in wetlands, over natural lands, or flooded ranchlands.*

*Storage Below Ground Elevation is water level below surrounding ground surface such as a lake or in-ground reservoir. Storage Above Ground Elevation is water level above surrounding ground surface such as a reservoir. It is possible for a component to have both Below and Above Ground Storage such as a reservoir*

FORM 3

Configuration Name: \_\_\_\_\_

*excavated 4 feet below surrounding ground surface and water is able to be stored up to 6 feet above ground surface.*

Check Most Important Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

☒ Volume – Provide volume required in ac-ft 1.2M ac-ft \_\_\_\_\_  
(Facilitator will convert information to ac-ft as necessary)

\_\_\_\_\_ Water Depth – Provide depth in feet \_\_\_\_\_

\_\_\_\_\_ Total Acres of Land – Provide acreage \_\_\_\_\_  
(Facilitator will include acreage for component infrastructure as necessary)

\_\_\_\_\_ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)  
PM / I: \_\_\_\_\_ Percentage \_\_\_\_\_

Additional PM / I Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Cost – Provide maximum allowed cost \_\_\_\_\_

*Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have 1 million ac-ft of storage, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.*

General Component Location:

(provide details on the required location of the component in addition to the information drawn on the map, examples –

- anywhere north of Lake Okeechobee
- only on US Sugar Lands west of L-19 Canal
- any lands between L-19 Canal and New Miami River Canal)

List Counties: Likely to be Palm Beach or Hendry, but not specifically restricted\_

Description: General siting options were between North New River and Miami Canals or Straddling the Miami Canal or west of Miami Canal. Avoid mills for cost reasons. Avoid populated areas. Concern expressed about how to flow water across US27/SR80 and expense of this undertaking.

FORM 3

Configuration Name: \_\_\_\_\_

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*Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.*

General Description of Storage Component Operations:

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*If the Authors envision this component to be operated a certain way, this is where they need to describe that operation. For example, "water elevation would always be above 2 feet so that it never goes dry and does not create ponding and traps wildlife in isolated pools".*

Check Most Important Operational Feature(s) of Storage Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

\_\_\_\_\_ Inflow Capacity – Provide inflow in cubic feet per second \_\_\_\_\_  
(Facilitator will convert information to cfs as necessary)

\_\_\_\_\_ Inflow Type – Select \_\_\_\_\_ Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Both

\_\_\_\_\_ Outflow Type – Select \_\_\_\_\_ Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Both

\_\_\_\_\_ Ability To Go Dry – Select \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

\_\_\_\_\_ Internal Cells – Select \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

FORM 3

Configuration Name: \_\_\_\_\_

If yes, how many cells? \_\_\_\_\_ Cells \_\_\_\_\_ Leave up to optimization

*Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the storage component must have only gravity inflow, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.*

Configuration Name: \_\_\_\_\_

**INSTRUCTIONS**

**Summary Sheet of a Treatment Component  
For Proposed Configuration**

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 4* for Each Treatment Component Included in the Proposed Configuration.  
**Bold items required.**

*Note – One of these forms is completed for **EACH** Treatment Component as identified on FORM 2. This FORM 4 is to capture any additional specific information about the Treatment Component not already provided in FORM 1 and FORM 2.*

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**Configuration Name (from FORM 1):** Performance\_\_\_\_\_

\_\_\_\_\_

**Component Number and Name (from FORM 2):** Talisman STA\_\_\_\_\_

\_\_\_\_\_

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**Does Treatment Component Also Have a Primary Function as a Storage Component?** \_\_\_\_\_ Yes ☒ No

If yes, complete *FORM 3* first and only add information not provided in *FORM 3* to this *FORM 4*.

**General Description of Treatment Component:** Estimated to be 34,000 acres in size. The STA needs to be sized to treat peak flows anticipated without damage to the STA itself.

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\_\_\_\_\_

*Encourage the Authors to be descriptive about the features of the component that matters most to them.*



Configuration Name: \_\_\_\_\_

**Type of Treatment** (check all that apply):

- \_\_\_\_\_ Mechanized like a Chemical Treatment Plant  
\_x\_\_\_\_\_ Actively Managed like a Stormwater Treatment Area  
\_\_\_\_\_ Minimally Managed like a Wetlands  
\_\_\_\_\_ Passively Managed like Natural Lands

*Have the Authors check which of the above best describes the treatment component. This is especially important if they have defined a treatment component unlike anything we have experience with – checking one or more of the above will help in understanding what it is similar to.*

Check Most Important Feature(s) of Treatment Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):

- \_\_\_\_\_ Volume of Water to be Treated – Provide volume in ac-ft \_\_\_\_\_  
(Facilitator will convert information to ac-ft as necessary)
- \_\_\_\_\_ Water Depth – Provide depth in feet \_\_\_\_\_
- \_\_\_\_\_ Total Acres of Land – Provide acreage \_\_\_\_\_  
(Facilitator will include acreage for component infrastructure as necessary)
- \_\_\_\_\_ Ability to Meet A Specific Performance Measure (PM) / Indicator (I)  
PM / I: \_\_\_\_\_ Percentage \_\_\_\_\_
- Additional PM / I Information: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Cost – Provide maximum allowed cost \_\_\_\_\_

*Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the treatment component must be on 40,000 acres of land, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.*

Configuration Name: \_\_\_\_\_

- anywhere north of Lake Okeechobee
- only on US Sugar Lands west of L-19 Canal
- any lands between L-19 Canal and New Miami River Canal)

Description: Needs to be south of reservoir and adjacent to WCAs.

[illegible]

General Description of Treatment Component Operations: Sized to not be damaged by peak flows.

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FORM 4, Page 3 of 4

FORM 4

Configuration Name: \_\_\_\_\_

Check Most Important Operational Feature(s) of Treatment Component (if any)  
(check all features that are critical to Authors; if not checked then the proposed  
configuration will be optimized for this feature):

\_\_\_\_\_ Reliability of Treatment Component – As compared to a Stormwater  
Treatment Area \_\_\_\_\_

\_\_\_\_\_ Inflow Capacity – Provide inflow in cubic feet per second \_\_\_\_\_  
(Facilitator will convert information to cfs as necessary)

\_\_\_\_\_ Inflow Type – Select \_\_\_\_\_ Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Both

\_\_\_\_\_ Outflow Type – Select \_\_\_\_\_ Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Both

\_\_\_\_\_ Ability To Go Dry – Select \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

\_\_\_\_\_ Internal Cells – Select \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

If yes, how many cells? \_\_\_\_\_ Cells

*Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the inflow capacity is 1,000 cfs, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.*